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WHY Medical Missions?

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WHY Medical Missions?

Response to need

When there is a frightful catastrophe—here or abroad—whether earthquake, pestilence, fire, flood, or famine—or the dire aftermath of war—we respond. Appeals for relief anywhere bring out a flood of contributions. Followers of Christ can hardly do otherwise. In the Presbyterian Church the annual response to the appeal for "One Great Hour of Sharing" has been climbing steadily year by year. It is our response to special and more or less "dramatic" human need. This is as it should be.

But in the retarded, though advancing, countries of Asia and Africa, and parts of Latin America, there is *continual* catastrophe. It is not sudden. It is chronic. It is so continuous and chronic that it is not dramatized. If two-thirds of the babies die before two years of age, and always have, it is not news. At least it is not *newspaper* news. It is very bad news for the family concerned.

When a young mother with her sick baby coming to a mission hospital says—"I have lost the first four babies; please save this

one," it is just as poignant as large scale disaster.

A sample observation will help to point up this need. India, with its background of British Government, and now its own government, is probably one of the best medically provided countries of Asia or Africa. And yet here are the observations, a few years ago, by an American professor of medicine, visiting India.

The Medical Scene

"In the present communication the focus is on medical missionary work in India. Many of the problems are peculiar to that subcontinent, but they are representative of the problems faced in every foreign field. Other phases of missionary effort have equal importance but the writer's observations were confined largely to the medical field.

"The young medical missionary to India finds himself entering a country smaller in area and much smaller in agricultural yield than the United States but with a population more than twice as great. There is not enough food for adequate support of 350 to 400 million people. The vast majority of the people are underweight, anemic and victims of protein and vitamin deficiency. The average red blood corpuscle count is 3,000,000 per cubic millimeter as compared to 4,500,000 to 5,000,000 here. While 70 per cent of the physicians are in the cities, 90 per cent of the population is in rural villages. There are hundreds of rural villages and towns up to many thousands in population which have no physicians or nurses at all. The average age at death in India is 27 years as compared to 67 years here, due in large measure to the high infant mortality (300 of each 1000

babies born in India die within the first 10 days after birth), and lack of control of infectious diseases of childhood, 15 of each 1000 births result in the death of the mother as compared to 1.5 deaths per 1000 deliveries among American women.

"In addition to the whole gamut of disease which afflicts the populations of America and Europe certain diseases are many many times more prevalent in India. These include malaria, typhoid fever, amebic and bacillary dysentery, tuberculosis, leprosy, worm infestations of the gastro-intestinal tract, venereal diseases and the deficiency diseases such as cirrhosis of the liver, pellagra, beri-beri, keratomalacia (softening and degeneration of the eyeball), and others.

"Despite this appalling need, Indian medical education lags far behind what is being done in most other countries. For example, in Canada there is one Class A medical school for each one million of population and in the United States one for a little less than each two million of population. In India the ratio of medical schools to population is one for each 15 million. These deficiencies are not due to lack of appreciation of the problem, particularly by the new government in India. Well conceived and comprehensive plans to improve medical education and medical performance have been prepared, but in a country in which the average laborer's daily wage is 11½ rupees (about 33 cents), in which no beef is eaten by Hindus because of religious beliefs and in which there simply is not enough food to go around, progress will be slow."

India and other countries of Asia are making great strides in their health programs. The U.N., the U.S. and American Foundations are assisting. But with all these

combined and effective efforts it will be many decades before the medical problem can be overtaken.

What is true of India or Pakistan, is still more true of many other countries and areas. There is great unmet need. And there will be for years to come.

"Thou shalt love thy neighbor as thyself."

Compassion

How often was it said of Christ—"He was moved with compassion." And then He stretched out his hand to heal and give life. The blind man, the cripple, the mentally deranged, the one scourged with leprosy, the sick child, all drew upon His compassion. These sufferers are still with us. The parable of the Good Samaritan was His answer to an inquirer who sought what more he should do. His picture of the last judgment of the nations applied the test of what they did for the poor and the sick.

As the "Ministry of Healing in India" so well says: "His ministry of healing was not done just casually, as if secondary and unimportant. It meant the expenditure of power." It sprang from compassion.

There might or might not be anything else that took place in the face of suffering. Some of the healed ones were grateful and some were not. Some became followers and many did not. But there was always this well-spring of compassion welling up in the healing act.

Those who humbly try to follow in His footsteps have this compelling heart-lifting example. We are constrained with compassion for fellow children of God.

Demonstration

A Christian hospital can be one of the most persuasive demonstrations of Chris-

tianity. A Christ-like spirit and service speak volumes. In a hospital, love is given hands. Love is embodied and made personal.

There are many parts of the Orient where it is all too easy to talk religion—and let it go at that. The talk is at the level of philosophy or ritual, or tradition or racial or social grouping, or superstition or fanatical bigotry. The Christian hospital speaks a different language. It embodies something new and different, which the non-christian religions, by and large, do not have. It is a disarming approach of Christianity to those of other faiths. It is a common denominator between human beings. It is the unassailable ministry of the Church.

When Dr. Joseph Cook, beloved mission doctor of Hamadan, Iran, died of typhus, contracted from his throngs of poor clinic patients, the city was stricken with mourning. A delegation of citizens, Moslems, waited on the American Mission with the request that he be buried in their (Moslem) cemetery. This was an astonishing and unheard of idea—that a non-Moslem should be allowed in the holy Moslem burying ground. And this is what they said:

"You have preached Christ to us. In Dr. Cook we have seen Him."

Witness

Step by step we go deeper into the meaning of the Christian ministry of healing in the lands we have in mind. It is a response to need: it is compassion at work: it is a demonstration of the Christ-like.

It also affords a witness. We need both words and deeds. And the word can be quietly and winsomely spoken in the detached, friendly setting of a hospital. This is particularly true of a Moslem country

where degrees of age-old conservatism and even fanaticism, are still so prevalent.

One remembers a group of young Iranian doctors—most of them Christians—who were doing postgraduate work in this country. They were making a plea for reopening a certain mission hospital in Iran which was closed for lack of personnel and funds. They said something like this:

"Our people (Moslem Iranians) are afraid to be seen going into a Christian Church. It means trouble for them—criticism, ostracism, perhaps worse. It is the same if they stop to listen to street preaching. They are at once marked and then are talked about. But inside of your hospital it is different. The patients are not under observation. You can teach and preach and discuss, and they will listen. It is your greatest evangelistic opportunity in Iran."

These young men certainly knew what they were talking about. They had seen whereof they spoke—both inside and out. They had served as interns or assistants in some of our Iran hospitals. And they knew their communities.

In Korea the work of Dr. Fletcher in and from his hospital at Taegu was notable evangelism. He organized a regular system of follow-up of patients as they returned to their villages. They were systematically visited by a team of medical and evangelistic workers. Over the years this resulted in the planting of seventy-odd Christian Churches in that part of Korea.

In our Central Hospital in Elat, Africa, there has been a wonderful African—Bulla Mfum—who is both a capable doctor and an evangelist extraordinary. A very competent surgeon, he was trained in the 14-year apprentice course in that hospital, the nearest that there is to a medical school in the Cameroun. He does major surgery of a

considerable range. The number of people whom he has won to Christ in the hospital number into the hundreds, if not thousands.

A Mission of the Church

Since all this is so, is not the ministry of healing therefore a peculiar responsibility and opportunity of the Christian Church, both here and overseas? Is it not a vital mission of the Churches? Whether it be the so-called sending Churches of the west, or the growing younger Churches of the east, it is an integral part of their work. The newly conscious ecumenical movement in Asia is already including this. Following a meeting of the newly formed international ecumenical group in Hong Kong, one of the first acts was the sending of a Filipino nurse by the Church of Christ in the Philippines to the Church in Thailand. This is a beginning of much that will follow.

Many feel that the Protestant Church in our country has lost ground in its ministry of healing. This statement must be qualified in varying degree in different denominations, but in general, the trend in medical care with us is overwhelmingly secular. The city, the state, the nation have taken over. It is not so with the Roman Catholic Church, which maintains and develops its many hospitals full force.

We are eager to have the young Church on the "mission field" include the ministry of healing as a vital and integral part of its program. The hospital needs the Church, and the Church needs the hospital.

Further Reasons

In addition to all these basic and adequate reasons for the launching of medical missions, we who are privileged to see the

developments of the past century can add cogent supplementary reasons, which are a matter of experience and observation.

For example, it is a matter of observation that well-trained Christian doctors are strikingly influential in the Asiatic communities. They are among the notable leaders of the Church. In this country, medicine is simply one of several leading professions and occupations—along with engineers, lawyers, bankers, industrialists, and educators. With them, in many communities, medicine stands out. In such areas the doctors are among the limited group who are highly and technically educated in a modern world.

A few years after the war, before Communism had taken over in China, a deputation from our Board visited the Far East. The observation was made by one of them that about a third of the strength of the Chinese church leadership was represented by doctors. This is out of proportion to our U.S.A. experience, as noted above, but is underscored as a salient in our total Christian program overseas.

Much the same observation could be made as to Korea, where the graduates of Severance Union Medical College in Seoul are an important factor in the life of the country.

In a certain city in Thailand, where there has been a strong Christian hospital, it was the Christian Thai doctor, left in charge when the foreigners had to evacuate in the face of the Japanese incursion, who held things together. He was the leader of the community during those trying years of the Japanese occupation. He could stand up to the military as no one else could. The hospital pulled through and later resumed its full Christian service, with him in charge.

Nurses

Another striking and invaluable development of medical missions has been the Christian nurse. This has been one of the most notable and widespread contributions of the Church of the west in its world-wide mission. The training of nurses in three continents, opening up as it does a useful, necessary, appealing career, has opened a great door for young women. In these countries, generally speaking, women have been regarded as the inferior half of the population—sometimes very much so. Some years ago a group of Moslem women, meeting with a group of American women and noting their different way of life, said, "Our prophet (i.e. Mohammed) forgot us."

Nursing was one of the first careers opened to women in these emerging countries. And in almost, if not every instance, in Asia, equatorial and north Africa and Latin America, nursing education was introduced by missionary doctors and nurses. Now some, though by no means all, of these countries are developing nursing as a government program. Many people there have forgotten, or will forget, how it all started. It was true of China and is true of India, of Thailand, and of the Near East countries, as well as Africa, that a very large proportion—sometimes practically all—of the existing nursing force has come from Christian hospital training schools. Many of us believe that nursing education is one of the most strategic things that we do in medical missions. There are some twenty nurses training schools, or schools of nursing, under our Board—in Africa, Syria-Lebanon, Iran, India, Thailand, the Philippines, Korea, Brazil, and Guatemala.

Medical Education

Returning more specifically to the doctors—the development of a Christian medical profession—there is a noteworthy history in the Asiatic countries.

Reference has already been made to Severance Union Medical School in Seoul, Korea. This was founded in the 1890's by a pioneer medical missionary from Canada, Dr. O. R. Avison, who was a missionary of our Board. From the very beginning he had the idea of medical education for Koreans. Seldom has a man's early dream seen more splendid fruition. Severance, a union institution, as its full name indicates, became the leading medical school of Korea, even with the later highly developed Japanese university system in that country. Several denominations in America, Canada, Australia, and New Zealand united in it. It is now the main hope of the future in medical education in Korea.

In 1955 the United States 8th Army, in seeking to establish a memorial to its fallen men, decided to make possible, through donations of money and material, a hospital unit for chest surgery at Severance. This will be part of the new Severance Hospital and Medical School plant.

In China, medical education under Christian auspices had its greatest development. There were six such medical schools from north to south. Though these schools and their Christian graduates and faculties are now Communist-controlled and shut off from us, we hear enough from occasional sources to know they are not by any means a total loss under the Communist regime.

In India, during the early years of this century, three Christian medical schools were established. In the north there was Ludhiana for women, founded by a British

medical missionary, Dr. Edith Brown. In western India there was Miraj for men, founded by Dr. William Wanless, of our Board (later knighted as Sir William Wanless by King George V). In south India there was Vellore for women founded by Dr. Ida Scudder.

During the Second World War, a group of some forty mission boards in America and Britain and Australia decided to concentrate on Vellore and make it the all-India, co-educational Christian medical college. This was most successfully carried out.

Similarly a smaller group of British and American boards, feeling the need of such an institution in the north, united on Ludhiana, which is going through a comparable development.

Africa has lagged. For various reasons education in equatorial Africa, including anything like medical education under Christian auspices, has lagged far behind the developments in Asia. Earnest efforts are being made to remedy this situation and to build up pre-medical education and then provide somewhere full medical education.

Preventive Medicine and Public Health

It is just as Christian to want to prevent disease as to want to heal. When people think of medical missions they usually do not think of this aspect, yet Christian medical statesmanship should certainly stress it. It is the most intelligent thing to do. It is again something which we have learned over the years. As a famous medical missionary in China, Dr. W. W. Peter, once said, "I want to catch them at the top of the cliff before they fall over and not just pick up the pieces at the bottom."

Far more has been done along this line in small ways in clinics and hospitals and home calls than will ever be brought to-

gether in the record. Countless families have been taught better baby care, and better nutrition and immunization against smallpox, cholera and plague, cleanliness with food and drink. But in the organized and large-scale way medical missions have not accomplished as much so far as has been hoped and intended. Nevertheless, substantial contributions have been made. In pre-war China the outstanding illustration was the council on Public Health Education, under the stimulating leadership of Dr. Peter, mentioned above. For many years this group carried on a very constructive program, which not only helped mission hospitals and schools but also had its effect on the national health program of China of those days.

In Thailand the great exponent of pioneering in preventive medicine and public health was Dr. James W. McKean of our Board. He went out in 1889. In the years following he developed a unique program of smallpox vaccination through a corps of specially trained Thai staff of vaccinators. In later years it was possible for his colleague and successor, Dr. Edwin C. Cort, to say, "Dr. McKean had practically wiped out smallpox out of his area. In the thirty-odd years that I have been here I have known only eighteen cases in the province." On the other hand, at the time of his statement, Dr. Cort ran into a widespread epidemic of smallpox in a neighboring province. Thousands died before the epidemic could be brought under control. The far-reaching effects of Dr. McKean's work were reflected in the education of the Thai government of his day, which eventually undertook the vaccination program and did it very successfully.

Of recent years such institutions as Vellore and Ludhiana have emphasized prac-

tical programs of public health teaching with their student bodies. At Ludhiana Dr. Carl Taylor, highly trained at the Harvard School of Public Health, has inaugurated a very constructive program in nearby villages, where the people are educated in public health measures and where the students are taught in the carrying out of the measures instituted.

When all is said and done, public health is essentially a government job. It is too vast an undertaking quantitively for missions to encompass, even if it were desirable for the Church to attempt any such wholesale effort. Fortunately both independent and colonial governments in Asia and Africa are doing far more than they were ten or twenty years ago.

It is for the Christian medical forces to create educative demonstrations, teach positive health and prevention of disease at every level possible—in medical schools, schools of nursing, in all schools and colleges and through various church and community channels, and to act as stimulators and backers.

Toward World Peace

Christian missions are one of the most potent peace agencies, though not very generally recognized as such. The implanting of friendships, mutual understanding, appreciation and cooperation, especially as they are inspired by and head up in a common Christian faith, are all of them powerful, though not ostentatious, processes toward bringing about a world of good will and peace. These are the slow, fundamental processes, which have their rootage in individuals and individual relationships, rather than in organization and machinery. Medical work is a vital part of this total picture. Where are there friendlier rela-

tionships established or greater mutual appreciations than in a mission hospital?

Does it make a Difference?

A prominent Bombay physician was visiting a mission hospital and watching the skillful woman doctor operate. Apparently what impressed him most was a revealing little incident on the side. An Indian Christian nurse, who was out of sight of the American doctor and did not know she was being observed, dropped a sterilized instrument on the floor. Instead of sneaking it back among the sterile instruments—and perhaps risking a life—she washed and re-sterilized it. The Hindu doctor was amazed. Later he said to the American doctor something like this:

"How do you get your nurses to be so honest in their technique? That nurse could have slipped that contaminated instrument back into the sterile tray and gotten away with it. One of our nurses would have done that. Why the difference?"

The Christian doctor had a fine opportunity for a word of explanation as to what a Christian conscience means in every realm of activity, especially when handling life and death responsibilities.

Women and Children Last!

One of my first vivid revelations of Oriental non-Christian attitudes, when I went to Iran, was in the wake of the Titanic disaster. Though that had occurred several years before, it was still referred to. The remark, which nearly bowled some of us over, was—"Why should the men give place in the lifeboats to the women and children? Why should not the men save themselves? They were more important." This was said by women as well as men.

A large part of the non-Christian world

has been built on that thesis. Men come first, women come last. Children in effect take their chances, even though beloved. It is one of the signal contributions of Christian medical missions that women patients have come into their own. And intelligent child care has been brought into the front rank of concerns.

Outcastes Wanted!

There is no caste in a Christian hospital. To Hindu caste people this has been a great surprise that low caste, or outcaste persons receive the same careful kindly attention as a Brahmin.

When the former progressive Maharajah of Kolhapur, India, who had observed the great mission hospital at Miraj and had admired Dr. William Wanless and Dr. Charles E. Vail, wanted to bring in more democratic attitudes and practices in his domain, he knew that the spirit of the nearby Miraj Hospital would illustrate to his people what he meant better than anything else. His official proclamation read:

"Be informed that, at all public buildings, charity rest houses, state houses, public government inns, etc., and rivers watering places, public wells, etc., no defilement on account of any human being is to be taken account of. Just as in Christian public buildings and public wells, and as the Doctors Wanless and Vail, in the American Mission, treat all with the same love, so also here, they are to be treated as not esteeming any unclean."

In many lands sufferers with leprosy are pariahs. And so they were in Thailand before the advent of Christian missions. Dr. James W. McKean was the first great friend of these people in that country. The wonderful leprosarium and village which he developed has been an extraordinary object

lesson. Leprosy work became an established and recognized service. It all goes back to the religious philosophy. Buddhism did nothing for these sick, forlorn and hopeless people. Christianity did.

Science and Faith

One of the swings of the pendulum among the younger generation in Asia is toward extreme scientific emphasis. This is quite understandable in the effort to break away from hidebound prejudice and tradition and to become modern. But the pendulum swings too far. Science is made too important—too much the whole story. Cultural and spiritual values are discounted and lost. It is at this point that the scientifically trained doctor, who is also deeply and genuinely religious, has a chance to meet the situation. He is thoroughly at home in the scientific method; he is a representative of one of the progressing and acclaimed sciences; he uses scientific technique daily. At the same time he is at home in the spiritual world; he genuinely believes something which is imponderable and non-scientific in the ordinary sense; and his life builds on this and serves this ideal. He believes in both bacteriology and prayer, and uses both. He believes in the medical textbook and in the Bible and turns to both. He has some knowledge of modern psychology but believes that a faith in God transcends this.

When all this is combined in a friendly and trusted personality, it is more persuasive than many an argument.

Science as a Servant

The youth of the emerging countries of the Orient tends to be "hipped" on science —expressed in the machine age—to bow to it too much and to use it for material ends.

The science of medicine is a serving science in the abstract. It is not science for money's sake. It is science for man's sake.

The eager Oriental student is introduced to the microscope, and he finds there a marvelous tool for the service of man. He is introduced to the X-ray, and he finds there another servant of mankind. He is introduced to the technique of the operating room, and he finds there again the purpose of healing.

Moreover, in the medical world, science is always balanced by other and more immediate human values—the *art* of medicine. Much that makes up the practice of medicine cannot be formulated scientifically. The personality and character of the doctor count heavily. All this tends to give salutary perspective. The personality dominates the scientific and uses it for fellow human beings.

Spiritual Needs

Finally, we reaffirm now and always that this is a spiritual enterprise. It is a vital part of the great Christian evangelistic purpose of the Church. If it is not this, it fails. It is not just another humanitarian organization—not just another medical program—not just physical relief. It is all this and more. It is part of the Great Commission—"Go ye into all the world and preach the gospel to every creature."

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